

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

1. Agency/Subagency originating request EPA\Office of Air and Radiation\Imitate Office	2. OMB control number b. G None a 2060 - 0306 _ _ _ _ _
3. Type of information collection (<i>check one</i>) a. G New collection b. G Revision of a currently approved collection c. X Extension of a currently approved collection d. G Reinstatement, without change , of a previously approved collection for which approval has expired e. G Reinstatement, with change , of a previously approved collection for which approval has expired f. G Existing collection in use without an OMB control number <i>For b-f, note item A2 of Supporting Statement Instructions</i>	4. Type of review requested (<i>check one</i>) a. X Regular b. G Emergency - Approval requested by: ____/____/____ c. G Delegated 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? G Yes X No 6. Requested expiration date a. X Three years from approval date b. G Other Specify: ____/____/____
7. Title Clean Air Act Tribal Authority	
8. Agency form number(s) (<i>If applicable</i>) ICR#: 1676.03	
9. Keywords Tribal Authority, Clean Air Act, eligibility determination, burden hours, costs, air pollution, environmental protection	
10. Abstract This ICR requests clearance of EPA's review and approval process for determining Tribe eligibility to carry out the Clean Air (CAA). Tribes may choose to submit a CAA eligibility determination and a CAA program application to EPA at the same time for approval and EPA will review both submittals simultaneously. EPA will use this information to determine if a Tribe meets the statutory criteria under section 301(d) of the CAA and is qualified for purposes of implementing an Air Quality Program. Section 114 of the CAA is the authority for the collection of information.	
11. Affected public (<i>Mark primary with "P" and all others that apply with "X"</i>) a. __ Individuals or households d. __ Farms b. __ Business or other for-profit e. __ Federal Government c. __ Not-for-profit institutions f. <u>X</u> State, Local or Tribal Government	12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>) a. X Voluntary b. G Required to obtain or retain benefits c. G Mandatory

<p>13. Annual reporting and recordkeeping hour burden</p> <p>a. Number of respondents <u>22</u></p> <p>b. Total annual responses <u>7</u></p> <p>1. Percentage of these responses collected electronically <u>0</u> %</p> <p>c. Total hours requested <u>293</u></p> <p>d. Current OMB inventory <u>480</u></p> <p>e. Difference <u>-187</u></p> <p>f. Explanation of difference</p> <p>1. Program Change <u>0</u></p> <p>2. Adjustment <u>-187</u></p>	<p>14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>)</p> <p>a. Total annualized capital/startup costs <u>0</u></p> <p>b. Total annual costs (O&M) <u>0</u></p> <p>c. Total annualized cost requested <u>0</u></p> <p>d. Current OMB inventory <u>0</u></p> <p>e. Difference <u>0</u></p> <p>f. Explanation of difference</p> <p>1. Program change <u>0</u></p> <p>2. Adjustment <u>0</u></p>
<p>15. Purpose of information collection (<i>Mark Primary With "P" and all others that apply with "X"</i>)</p> <p>a. <u>X</u> Application for benefits e. <u> </u> Program planning or management</p> <p>b. <u> </u> Program evaluation f. <u> </u> Research</p> <p>c. <u> </u> General purpose statistics g. <u>X</u> Regulatory or compliance</p> <p>d. <u> </u> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <u>Q</u> Recordkeeping b. <u>Q</u> Third party disclosure</p> <p>c. <u>Q</u> Reporting</p> <p>1. <u>Q</u> On occasion 2. <u>Q</u> Weekly 3. <u>Q</u> Monthly</p> <p>4. <u>Q</u> Quarterly 5. <u>Q</u> Semi-annually 6. <u>Q</u> Annually</p> <p>7. <u>Q</u> Biannually 8. <u>X</u> Other (describe) <u>One time application</u></p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p><u>Q</u> Yes <u>X</u> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <u>Tony Bynum</u></p> <p>Phone: <u>202-564-1389</u></p>